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UNITED STATES DISTRICT COURT
DISTRICT OF ALASKA

ANTHONY L. BLANFORD and)
JOHN K. BELLVILLE,)

Plaintiffs,)

Case No. 3:19-cv-00036-JWS

v.)

MICHAEL J. DUNLEAVY, in his)
individual and official capacities;)
TUCKERMAN BABCOCK; and the)
STATE OF ALASKA,)

Defendants.)

**DECLARATION OF ANTHONY L. BLANFORD IN SUPPORT OF
PLAINTIFFS' OPPOSITION TO DEFENDANTS' MOTION FOR
SUMMARY JUDGMENT**

I, Anthony L. Blanford, hereby declare as follows:

1. I am one of the named plaintiffs in this action. I previously submitted a declaration in support of Plaintiffs' Motion for Summary Judgment.

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2. In 2018, as chief of psychiatry at API, I supervised the medical staff, pharmacy, and social work department, a total of about (15) positions.

3. I did not supervise the nursing staff. The nursing staff was supervised by a nursing director. This division of responsibilities is reflected in the organizational chart attached to this declaration. This chart was generated by API management and is an accurate depiction of the various positions and hierarchy at API in 2018. As shown on page 1 of the chart, the nursing director reported to the CEO. Page 4 of the chart shows my former position and the various positions under me. Pages 6-8 of the chart show the various nursing positions and the hierarchy of the nursing staff.

4. I had no authority to negotiate with the nurse's union, nor did I do so. At one point I recommended to the CEO a way for the nurses to staff their shifts that I thought best served the needs of patients. I understand that the CEO thought my recommendation made sense and adopted it. Beyond that involvement, I had no say in how the nurses were organized.

5. As chief of psychiatry, I reported to the CEO, as did most of the other departments including the director of nursing, by far the

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largest department at API. The CEO then reported to the Governing Body and Commissioners.

6. I was involved in hiring decisions, but if I wanted to hire someone, I would make a recommendation to the Governing Body. I had no direct ability to hire—or fire—anyone without the approval of this board. Even then, non-exempt hires would have to be signed off by the Commissioner’s office. When I stepped up to take the position of chief of psychiatry, the CEO and Governing Body had to agree.

7. The policies and procedures, including the Medical Staff Bylaws, had to be approved by the Governing Body to go into effect. Even then, the policies drafted and developed were designed to meet requirements for clinical care. These requirements are set by the current Standard of Care in medicine and psychiatry, and by Joint Commission/CMS regulations.

8. Sometimes clinical policies would originate with the staff. In that case, a member of the staff would be tasked with policy revision and then bring the revised policy to a staff meeting, where it was sent back for more revisions, then voted upon. After that, the policy went to the Governing Body for approval.

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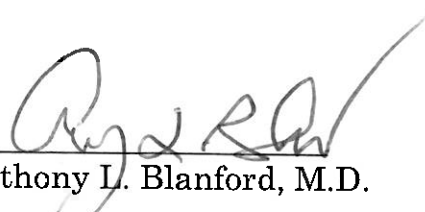
9. Also attached to this declaration are the bylaws for the API Governing Body. Although dated April 2020, these bylaws are substantially similar to the bylaws that were in effect while I was the chief of psychiatry in 2018.

10. Page 5 of the bylaws states that the "Governing Body is responsible for broad policy making in accordance with applicable State of Alaska laws and regulations." Page 5 also states that "The Governing Body is empowered to determine and maintain the objectives, purposes, and values of" API, and that it "has the power to approve, modify, and disapprove bylaws, rules and regulations, and to assign, curtail, or terminate privileges," and that it is "responsible for the approval of all Policies & Procedures."

11. I attended meeting of the Governing Body, but I was a non-voting member. I believe my status as a non-voting member is reflected in the minutes of the meetings I attended.

I declare under penalty of perjury that the foregoing is true and correct.

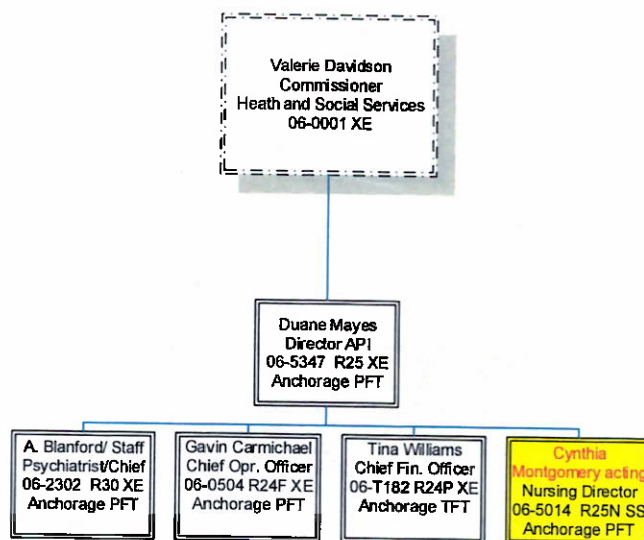
Executed on May 13, 2021.

By: 
Anthony L. Blanford, M.D.

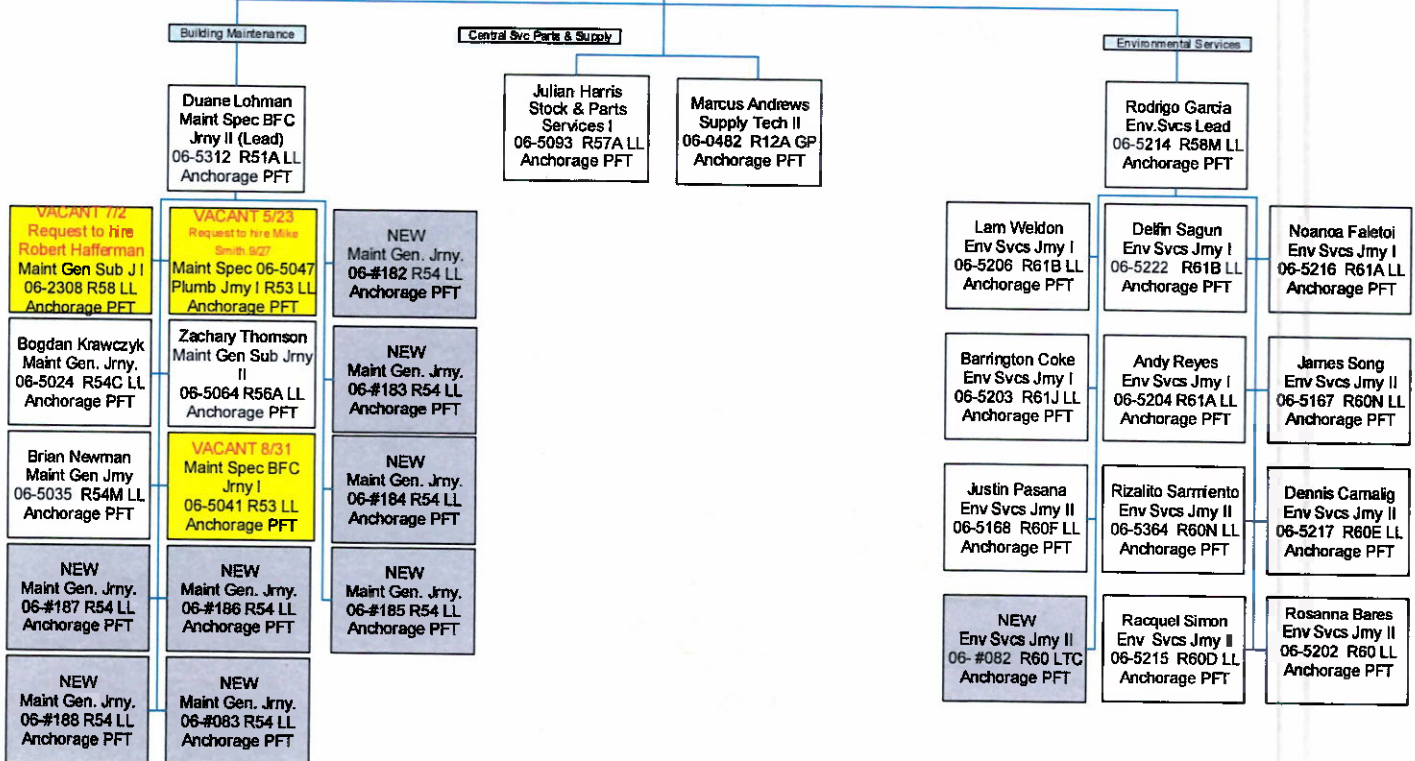
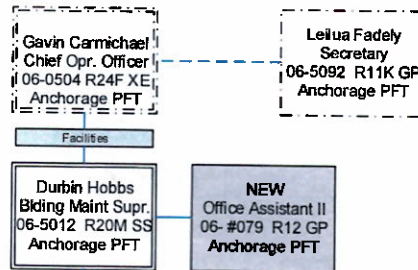
Blanford and Bellville v. Dunleavy, et al.
DECLARATION OF ANTHONY L. BLANFORD IN SUPPORT OF PLAINTIFFS'
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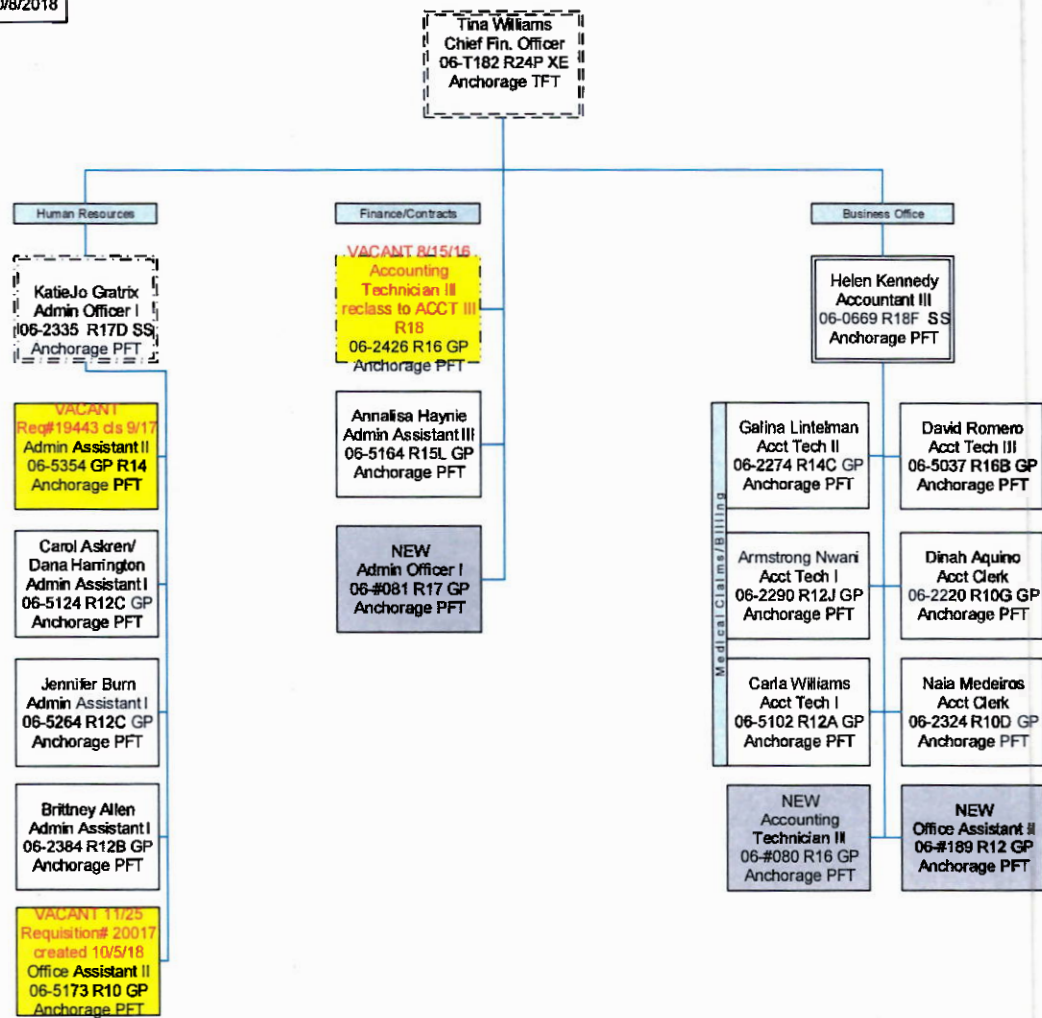
Department of Hlth. & Social Services
Division of Behavioral Hlth.
Alaska Psychiatric Institute
FY19 Human Resources ORG Chart
API Exec Team 10/8/2018



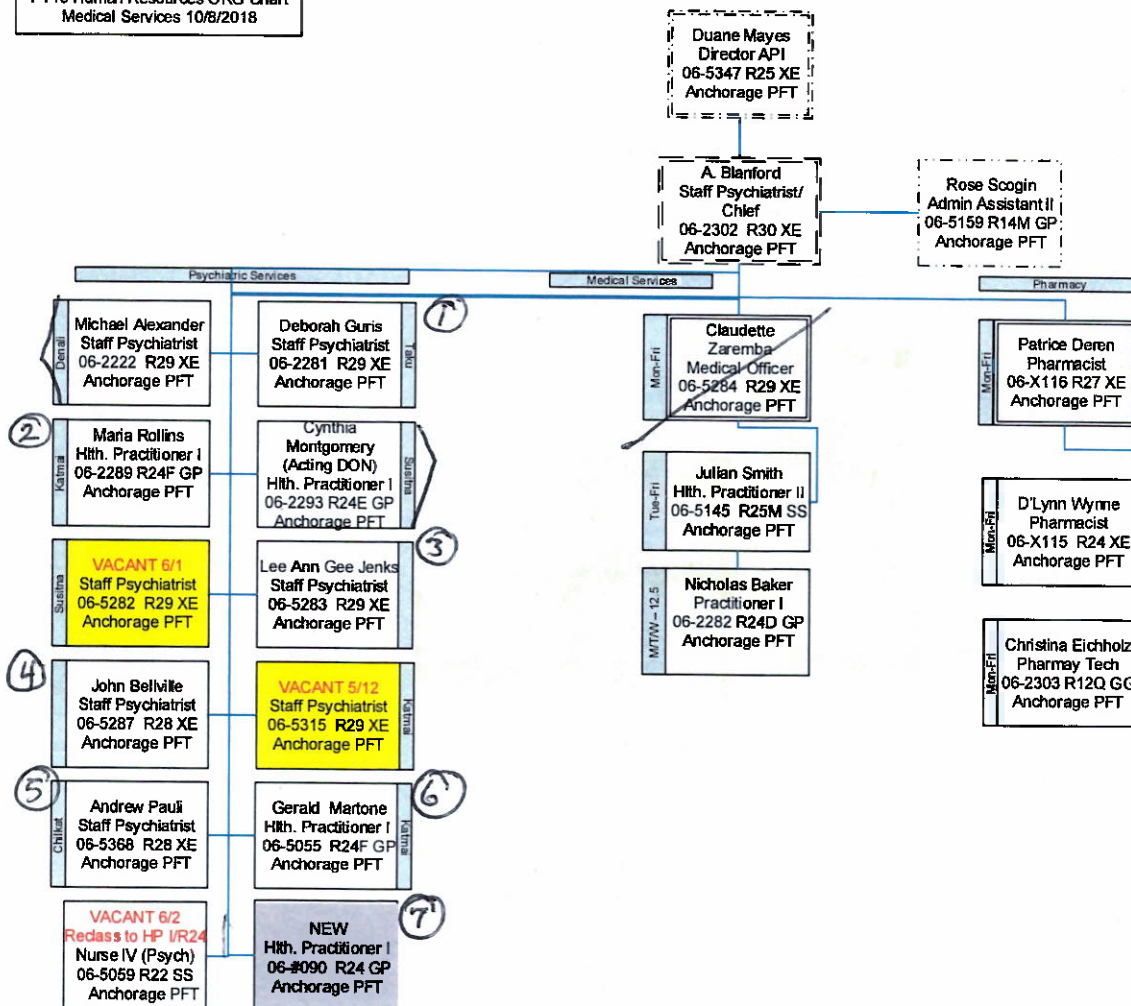
Department of Hlth. & Social Services
Division of Behavioral Hlth.
Alaska Psychiatric Institute
FY19 Human Resources ORG Chart
Facilities 10/8/2018



Department of Hlth. & Social Services
Division of Behavioral Hlth.
Alaska Psychiatric Institute
FY19 Human Resources ORG Chart
Finance/Contracts/Business Office 10/8/2018

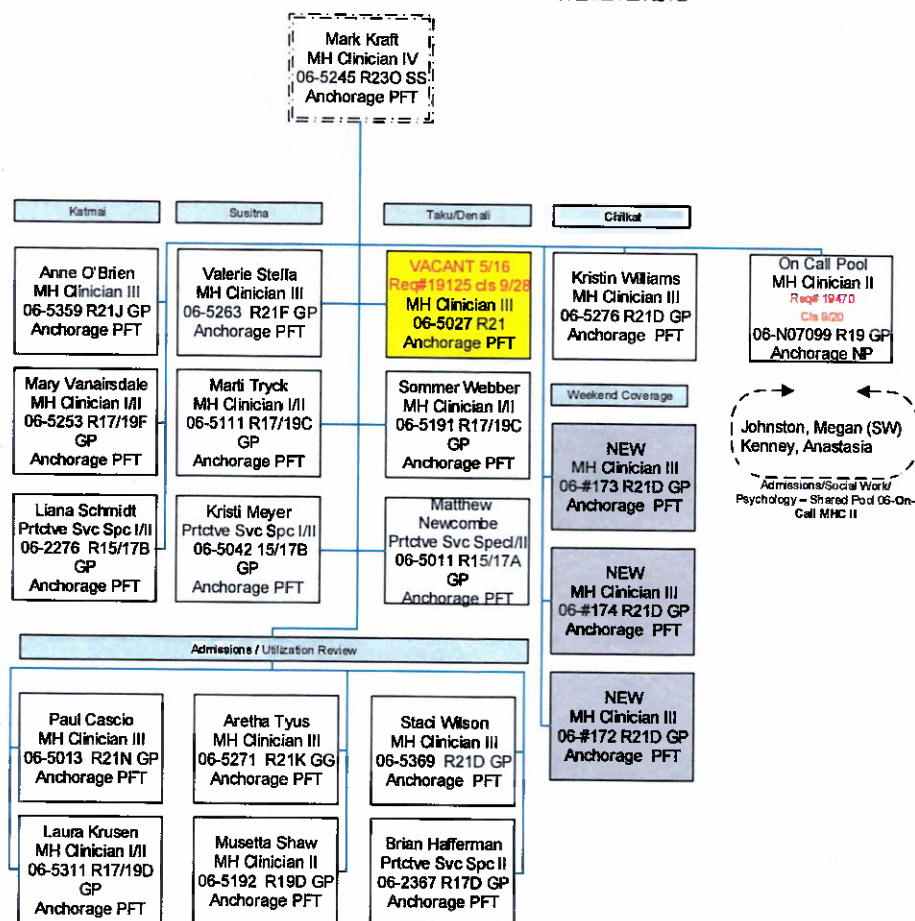


Department of Hlth. & Social Services
 Division of Behavioral Hlth.
 Alaska Psychiatric Institute
 FY19 Human Resources ORG Chart
 Medical Services 10/8/2018



Department of Hlth. & Social Services
 Division of Behavioral Hlth.
 Alaska Psychiatric Institute
 FY19 Human Resources ORG Chart
 Social Work Services 10/8/2018

Anthony Branford
 Staff Psychiatrist/
 Chief
 06-2302 R30 XE
 Anchorage PFT

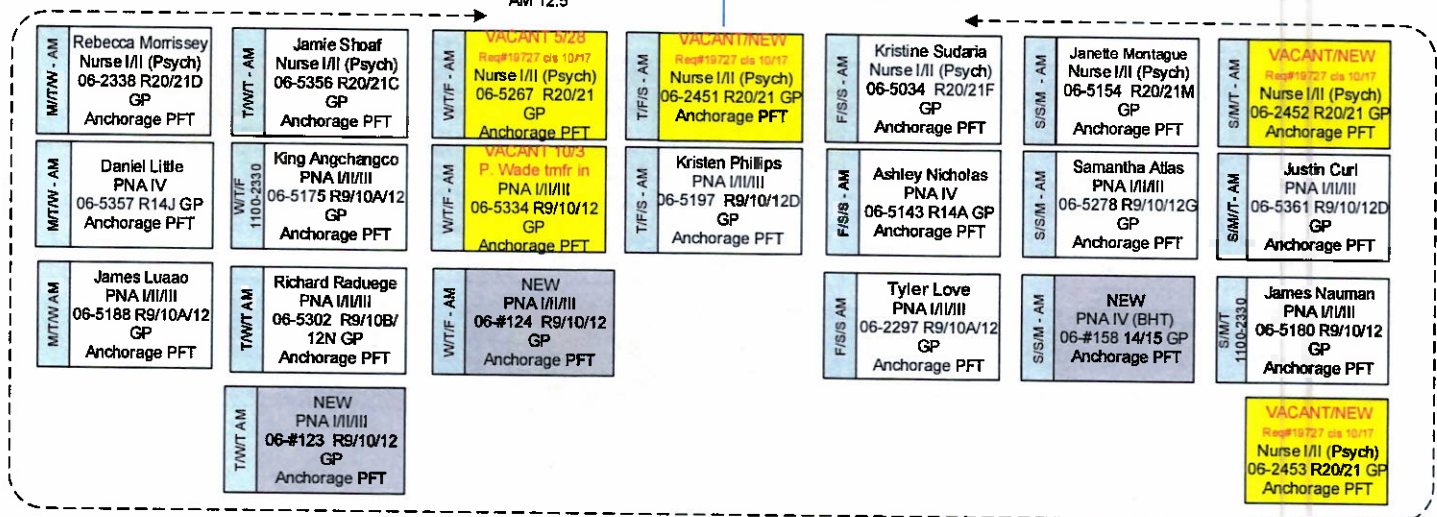


Department of Hth. & Social Services
Division of Behavioral Hth.
Alaska Psychiatric Institute
FY19 Human Resources ORG Chart
Katmai Unit 10/8/18

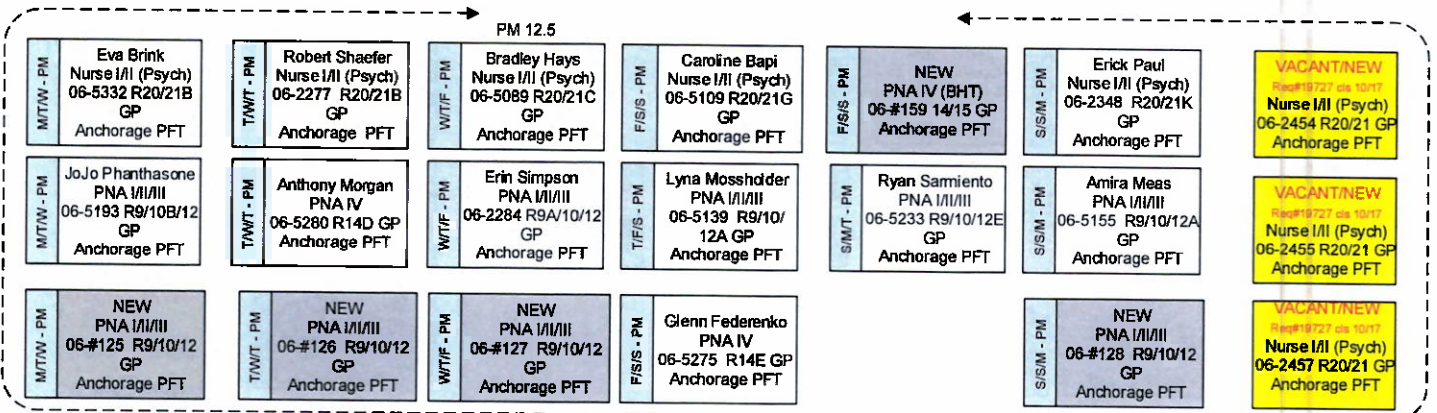
M-Th
0600-1600
Tiffany Stewart
Nurse III (Psych)
06-5054 R22L SS
Anchorage PFT

Laura Jenner
Office Assistant I
06-5125 R8B GP
Anchorage PFT

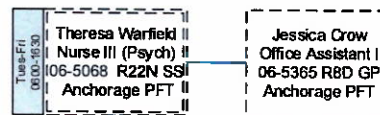
AM 12.5



PM 12.5

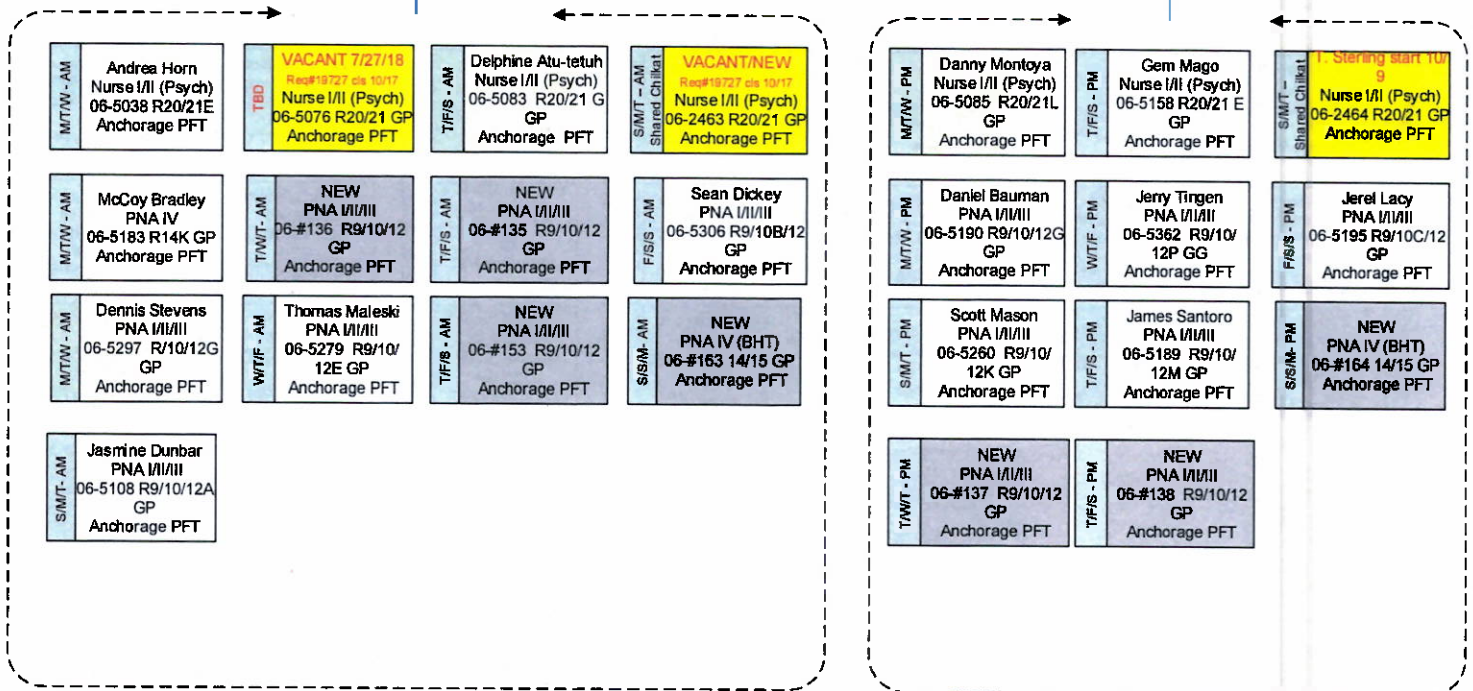


Department of Hlth. & Social Services
Division of Behavioral Hlth.
Alaska Psychiatric Institute
FY19 Human Resources ORG Chart
Taku Unit 10/5/18



AM 12.5

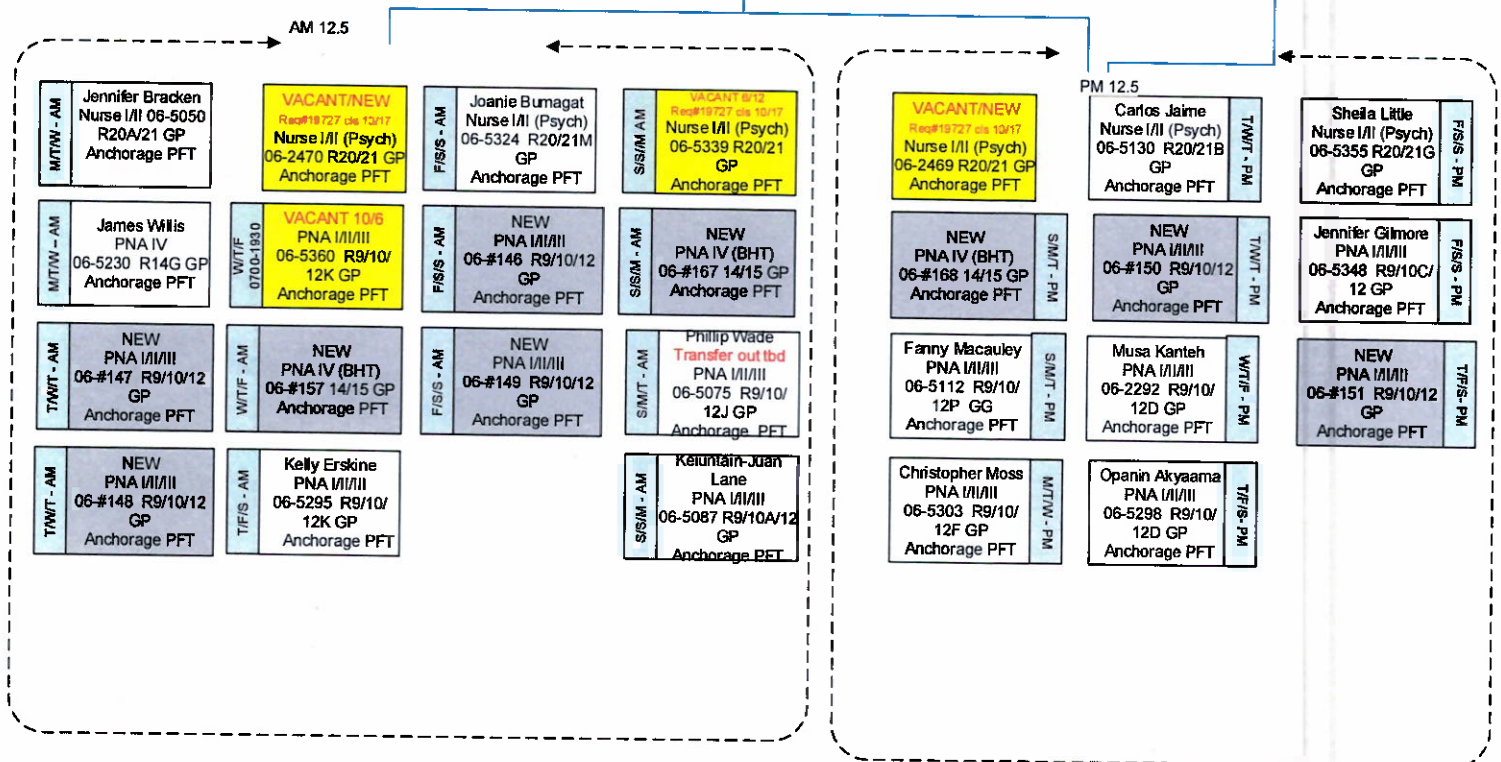
PM 12.5



Department of Hlth. & Social Services
Division of Behavioral Hlth.
Alaska Psychiatric Institute
FY19 Human Resources ORG Chart
Denali Unit 10/8/2018

Theresa Warfield
Nurse III (Psych)
06-5068 R22N
SS
Anchorage PFT

Jessica Crow
Office Assistant I
06-5365 R8D GP
Anchorage PFT



**ALASKA PSYCHIATRIC INSTITUTE
GOVERNING BODY
BYLAWS
As of April 23, 2020**

ARTICLE I

SECTION 1. OWNERSHIP AND CONTROL

- A. The Alaska Psychiatric Institute (“Hospital” or “API” or “Facility”) shall be the official name of the Hospital located at 3700 Piper Street, Anchorage, AK, 99508. The Hospital is a state-licensed Psychiatric Specialty Hospital pursuant to *7 AAC 12.215* under the jurisdiction, management, and control of the State of Alaska, Department of Health and Social Services.

SECTION 2. ROLE AND PURPOSE

- A. API exists to provide inpatient psychiatric care in accordance with *7 AAC 140.350*. Services provided include inpatient psychiatric hospitalization for 1) individuals voluntarily consenting to treatment at the Hospital for inpatient psychiatric care, 2) individuals involuntarily committed to the Facility by court order in accordance with *AS 12.47.100*, and 3) individuals involuntarily committed to the Facility in accordance with *AS 47.30.700*.

SECTION 3. STATEMENT OF MISSION

- A. The mission of the Alaska Psychiatric Institute is to provide emergency and court-ordered inpatient psychiatric services in a safe environment using culturally-sensitive, effective, person-centered treatment followed by a referral to an appropriate level of care and support for recovery from illness.

SECTION 4. VISION

- A. Excellent experiences for patients, families, community supports, students and staff with quality treatment and best practices in mental health care.

SECTION 5. VALUES

- A. The Hospital values:
- a. Safety
 - b. Education – Life-Long Learning
 - c. Responsibility
 - d. Valuing Hope and Recovery
 - e. Integrity
 - f. Compassion – Fairness & Honesty
 - g. Excellence

ARTICLE II
GOVERNING BODY OF THE HOSPITAL

SECTION 1. LEGAL AUTHORITY AND ORGANIZATIONAL STRUCTURE

- A. The Department of Health and Social Services (“DHSS”) is statutorily established by the State of Alaska as one of the principal Departments of the Executive Branch of the government of the State of Alaska and is headed by the Commissioner.
- B. The Commissioner delegates the responsibilities of operations of the Hospital to the Governing Body. The Governing Body of the Alaska Psychiatric Institute shall be comprised of members as described in Section 2 of this Article.
- C. The Alaska Psychiatric Institute exists within DHSS as a specifically budgeted Division and is headed by a Chief Executive Officer (“CEO”). In the absence of the CEO, the CEO has the authority to delegate a person to be in charge of the Hospital. The CEO is delegated the following responsibilities and authority by the Governing Body:
- a. The day-to-day operations of the Hospital;
 - b. Reviewing and approving the Annual Utilization and Review Plan using criteria approved by the Governing Body;
 - c. Drafting a Strategic Plan that addresses identified problems and budgetary constraints. The Strategic Plan will be a detailed, written document of guidance concerning the budget, structure, outcome measures, quality assurance, safety, and operation of the Alaska Psychiatric Institute;
 - d. The authority to make medical, clinical, and professional staff appointments, reappointments, termination of appointments, and to grant or revise clinical privileges on an emergency basis; with subsequent review and approval to be obtained by the Governing Body within 45 days;
 - e. The authority to develop a mechanism which assures a single level of patient care without discrimination for patients with the same health problems;
 - f. The authority to develop a mechanism which assures that all individuals responsible for the assessment, treatment, or care of patients are competent in the following, as appropriate to the ages of the persons served:
 - i. The ability to obtain information and interpret information in terms of patient need;
 - ii. Knowledge of growth and development; and
 - iii. Understanding of the range of treatment needed by these patients.
 - g. The authority to assure the appropriate and available resources are used to support systems for the quality assessment and improvement functions and risk management functions related to patient care and safety;
 - h. The authority to appoint, promote, and discipline employees and contract with other service providers consistent with the rules and regulations governing the Department of Health and Social Services and applicable personnel and the purchasing state law rules and procedures;

- i. Will be responsible for meeting all applicable laws and regulations pertaining to the Hospital and acting promptly upon reports and reviews of regulatory, inspecting, and accrediting agencies; and
- j. The authority to approve, or deny, the involvement of volunteer or auxiliary organizations.

SECTION 2. MEMBERSHIP

A. The Governing Body consists of eleven voting members, two *ex officio* members with voting privilege, and thirteen non-voting.

B. Voting members:

- a. The DHSS Deputy Commissioner of Family, Community, and Integrated Services;
- b. The DHSS Chief Medical Officer;
- c. The Director of Senior and Disability Services;
- d. The Director of Behavioral Health;
- e. A member with tribal, behavioral healthcare experience shall be nominated by the Alaska Native Health Board;
- f. A member-at-large who is an advocate for individuals with mental illness, individual with mental illness, or family member of a consumer of mental health services shall be nominated by the National Alliance on Mental Illness;
- g. A member-at-large who is an advocate for individuals with mental illness, individual with mental illness, or family member of a consumer of mental health services shall be nominated by the Alaska Mental Health Board;
- h. A member with hospital administration experience shall be nominated by the Alaska State Hospital and Nursing Home Association;
- i. A member who is a health care practitioner specific to psychiatric care who is either a psychiatrist or an advanced nurse practitioner shall be nominated by the Alaska Psychiatric Association;
- j. A member with expertise in behavioral health outpatient experience shall be nominated by the Alaska Behavioral Health Association; and
- k. A member with expertise in behavioral healthcare in the State of Alaska shall be nominated by the Alaska Primary Care Association.

C. *Ex Officio* members:

- a. The Commissioner of the Department of Health and Social Services shall be an *ex officio* member of the Governing Body, shall have a vote, and will not be counted toward a quorum for purposes of attendance; and
- b. The Chief Executive Officer of the Hospital shall be an *ex officio* member of the Governing Body, shall have a vote, and will not be counted toward a quorum for purposes of attendance.

- D. Non-voting members bring the perspective of their representative group and may serve on committees. These include a representative nominated by:
- a. The Department of Corrections;
 - b. The University of Alaska;
 - c. The Alaska Housing Finance Corporation;
 - d. The Alaska Coalition on Housing and Homelessness;
 - e. The Office of Public Advocacy;
 - f. A member who is a health care practitioner specific to emergency medicine shall be nominated by the Alaska chapter of the American College of Emergency Physicians;
 - g. A member who is a health care practitioner shall be nominated by the Alaska Academy of Family Physicians;
 - h. The City of Anchorage, Department of Health and Human Services;
 - i. The City of Anchorage Police Department;
 - j. The Disability Law Center;
 - k. The Alaska Mental Health Trust Authority;
 - l. The API Medical Executive Committee; and
 - m. Any contractor/vendor filling the role of administrative services on behalf of the Hospital.
- E. The roles of the Officers of the Governing Body shall be maintained in accordance with Robert's Rules of Order concerning their authority and function. When there is a vacancy in an Office, a voting member (including *ex officio* members) may be nominated by any member of the Governing Body (including non-voting members). Nominations must be confirmed by a majority vote of the voting members. Officers are elected for a period of one year and may be elected for other terms of that office following their first year of service. Officers of the Governing Body shall be:
- a. Chairperson: shall be the DHSS Deputy Commissioner of Family, Community, and Integrated Services. The Chairperson of the Governing Body is authorized to act for and on behalf of the Governing Body between meetings. This authority may be delegated to another individual as deemed appropriate; and
 - b. Vice-Chairperson: shall serve from their election until December 31 of even numbered years;
 - c. Secretary: shall serve from their election until December 31 of odd numbered years; and
 - d. Treasurer: shall serve from their election until December 31 of even numbered years.

SECTION 3. DUTIES AND RESPONSIBILITIES

- A. The members of the API Governing Body shall comply with *AS 39.52*, the Alaska Executive Branch Ethics Act.

- B. Claims against any of the members of the API Governing Body and all departmental employees are subject to the provisions of *AS 09.50.250* and *AS 09.50.253*.
- C. Members of the API Governing Body accept fiduciary responsibility for the Hospital and its operations, policies, governance, and the obligation to continuously strive to provide safe and high-quality care to the patients who seek health services from the Facility.
- D. The API Governing Body shall act as final arbiter of conflicts between administrative/management groups that cannot be resolved by customary administrative process.
- E. The Governing Body is empowered to determine and maintain the objectives, purposes, and values of the Hospital and to approve the scope of services and to ensure the highest quality of inpatient psychiatric services to patients of the Hospital.
- F. The Governing Body has the authority to establish the Medical Executive Committee (MEC). The MEC is the official entity that assures medical staff representation, at meetings of the API Governing Body and will provide input and recommendations regarding issues pertaining to quality patient care. Further, the Governing Body is responsible for approving the Medical Staff Bylaws (MSB), rules, and regulations that govern medical staff and other professional staff at the Hospital. The MEC will develop the MSB, review it annually, and present it and any changes to the Governing Body for approval. The Governing Body is responsible for the appointment, re-appointment, termination of appointments, and the granting or revision of clinical privileges, as set forth by the Document.
 - a. Any differences between medical staff or professional staff recommendations and the CEO shall be resolved by the Governing Body within 45 days of formal complaint; and
 - b. The MSB will be an attachment to these Bylaws and accepted by reference.
- G. The Governing Body has the power to approve, modify, and disapprove bylaws, rules and regulations, and to assign, curtail, or terminate privileges. Further, the Governing Body is responsible for the approval of all Policies & Procedures.
- H. The Governing Body has fiscal responsibility to approve the Hospital annual operation budget and long-term capital budget.
- I. The Governing Body is responsible for broad policy making in accordance with applicable State of Alaska laws and regulations.
- J. The Governing Body is responsible for maintaining a systematic and effective mechanism for communication between the Governing Body members and the management, medical, clinical, and support staff of the Hospital. The Governing Body is responsible for providing an effective mechanism for maintaining communication with

patients, families, and consumers of Hospital services and any other health care delivery organizations that interact with the Hospital.

- K. The Governing Body is responsible for establishing a mechanism for conducting institutional planning that invites participation in the process to Hospital management, medical, clinical, and support staff.
- L. The Governing Body ensures that a process is in place for assuring that all individuals providing patient care services, who are not subject to the medical staff privilege process, are competent and qualified to provide such services to all populations served.
- M. The Governing Body ensures that a process is in place for monitoring and evaluating quality of patient care through an organized performance improvement plan and for the provision of consistent level of care in the Hospital.
- N. The Governing Body ensures that a process is in place to obtain the necessary information to fulfill its duties and responsibilities.
- O. The Governing Body annually evaluates the hospitals performance in relation to its Mission, Vision, and Goals.
- P. The Governing Body will evaluate its own performance on an annual basis with the assistance of the Western Interstate Commission for Higher Education through the use of the inter-governmental agreement.
- Q. The Governing Body ensures that an effective safety management program is in place and receives regular reports on its performance.
- R. The Governing Body is responsible to maintain a grievance process for patients. This process will include, at least, the following:
 - a. Written notification of patient rights must be provided to patients;
 - b. The presence and availability of Patient Advocates on-site;
 - c. The right of each patient to file complaints both in writing and verbally to staff;
 - d. The right of each patient to appeal any decisions made by staff to an external Patient Advocacy Board with clear and monthly communication between the Governing Body and the Patient Advocacy Board (PAB). The PAB shall be defined by API policy. The membership of the Patient Advocacy Board shall be as follows:
 - i. The Chairperson of the PAB shall be one of the Governing Body members that is in the position of Member-at-Large. This position shall be nominated and voted on by the Governing Body, and confirmed by a majority vote;
 - ii. Nine (9) other members made up of members of the public who:
 - 1. Submit their application and resume to the Governing Body;
 - 2. Are interviewed by the Governing Body;

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3. Are accepted for a term of one year by majority vote of the Governing Body; and
 4. Can be removed by a majority vote of the Governing Body.
- e. The PAB shall meet monthly on matters of patient advocacy and review any appeals, making written recommendations to the Governing Body; and
 - f. As a separate Board, the PAB can meet as often as necessary, with space provided by the Alaska Psychiatric Institute. The meetings of the PAB can be conducted with the Chairperson, or their designee, and three (3) other members present.
- S. The Governing Body shall hire a qualified Chief Executive Officer and entrust them authority and responsibility of the day-to-day operation of the Hospital. The Governing Body has the authority to discipline and remove the CEO should that become necessary. The Governing Body will evaluate the Chief Executive Officer on an annual basis and is responsible for guiding and monitoring the performance of the CEO.

SECTION 4. MEETINGS

- A. The Governing Body shall meet at least quarterly. Seven or more voting members, with no less than four of those being not employed by the Department of Health and Social Services, in attendance will establish a quorum. These meetings will be to conduct the business of the Hospital.
- B. API Governing Body meetings shall be scheduled with reasonable public notice and are open to the public except as otherwise provided by *AS 44.62.310*. Meeting protocol shall adhere to applicable state laws with motioned being approved with a simple majority vote unless otherwise specified in this document. All meetings will have an opportunity for general discussion of its members and a period available for public comment. Governing Body meetings may include staff, or individuals from outside the Hospital, by invitation or be closed for executive session by the Chairperson as permitted by *AS 44.62.310*.
- C. Minutes of all meetings will be maintained in accordance with Robert's Rules of Order.
- D. Meetings of the Governing Body will have a published agenda, will include a time for public comment, and may have an Executive Session as permitted by *AS 44.62.310*.
- E. Members of the Governing Body shall specify any potential conflict of interest and abstain from voting on matters that may be in conflict.

SECTION 5. COMMITTEES

- A. The Governing Body may establish committees to carry out specific duties and functions as necessary. When the establishment of a Committee is deemed appropriate, the Governing Body may delegate authority and responsibility to a committee, but retains the prerogative to withdraw authority as appropriate. These Committees may be made up of members of the Governing Body (voting or non-voting), members of staff, or other

individuals as seems appropriate to the Governing Body. The Chairperson of the Governing Body shall be an *ex officio* member of any Committee. Committee Chairpersons will be appointed by a majority vote of the Governing Body.

SECTION 6. ADOPTION, REVISION AND AMENDMENTS

- A. Revisions and amendments of the Governing Body Bylaws may be made at any time by a two-thirds majority vote of the Governing Body. Bylaws shall be reviewed annually and revised as needed. Governing Body members will review the Bylaws with input from the MEC and staff of the Hospital.